VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

August 4, 2011

Mr. Robert Sterling, Administrator
Green Mountain Nursing And Rehabilitation
475 Ethan Allen Avenue
Colchester, VT 05446

Dear Mr. Sterling:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 12, 2011.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC:ne

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475040	A. BUILDING 01 - 01 BUILDING B. WING	07/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN MOUNTAIN NURSING AND REHABILITATION	475 ETHAN ALLEN AVENUE COLCHESTER, VT 05446

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code inspection was completed on July 12, 2011. The following violations were found:	K 000	***K052*** ***Assuming for the moment that the findings and the determination of the deficiency are accurate, without admitting or denying that they are, our proposed plan of correction is as follows:*** All residents have a potential to be affected by this alleged practice To assure that the alleged practice does not occur, we are taking the following measures: The fire alarm system was inspected on 7/7/2011 which revealed that there were two deficiencies; these were corrected on 7/22/2011. The maintenance department will perform monthly, ongoing checks of the fire alarm system and have any repairs completed immediately. The finding of the monthly checks will be reported to the Quality Assessment and Assurance Committee for further action if needed. Plant Supervisor to monitor ***Completion date: 7/22/2011***	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on inspection, the facility failed to assure the fire alarm system is maintained in accordance with NFPA standards. Findings include: Per observation on 7/12/11, inspection revealed that the fire alarm system has violations that were discovered during the last annual inspection that have yet to be corrected.	K 052		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour	K 076		

K052 POC
Accepted 8/3/11
J. Benard
DM Coburn

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Robert C. Hunter | Administrator | 7-29-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 076	Continued From page 1 separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on inspection, the facility failed to store medical gas in accordance with NFPA standards. Findings include: Per observation on 7/12/11, inspection revealed that the liquid oxygen tanks on the west exterior porch were not secured in place.	K 076	**K076** ***Assuming for the moment that the findings and the determination of the deficiency are accurate, without admitting or denying that they are, our proposed plan of correction is as follows:*** The liquid oxygen tanks on the west exterior porch have been secured in place. All Residents have a potential to be affected by the alleged practice: To ensure that the alleged practice does not occur, we are taking the following measures: The liquid oxygen tanks on the west exterior porch have been secured in place. The Administrator and Plant supervisor will monitor and report monthly for three months to the Quality Assessment and Assurance Committee for further actions if needed. **Completion Date: 7/12/2011**	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on inspection, the facility failed to maintain an elevator per state rules. Findings include: Per observation on 7/12/11, inspection revealed that the elevator was due to be inspected on or about June 2011. The inspection has not occurred, which is required per the 2008 Vermont Elevator Safety Rules, 2008 edition, Section 9.	K 130	K076 POC Accepted 8/3/11 J. Benard / [illegible] RN	

K130

Assuming for the moment that the findings and the determination of the deficiency are accurate, without admitting or denying that they are, our proposed plan of correction is as follows:

The elevator will undergo upgrades and repairs on 8/1/11; in coordination with Kone elevator the elevator inspector has delayed inspection until after that date.

All residents who utilize the elevator have a potential to be effected by the alleged practice.

To assure that the alleged practice does not occur, we are taking the following measures:

The Administrator will notify the elevator inspector of upgrade repairs after they are completed.

A report will be presented at the next Quality assessment and Assurance committee meeting for conclusion.

Completion Date: 8/15/2011

K130 POC Accepted 8/3/11 J. Benard/ PN Cota RN